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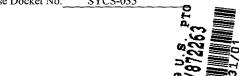
Any patent application processing fees under 37 C.F.R. 1.17.



Customer No. 000959

Case Docket No. SYCS-035

THE COMMISSIONER FOR PATENTS Box Patent Application Washington, D.C. 20231



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		"Express M	Mail" Mailing Label Nu	ımber EL 8480	29314 US					
	Date of Deposit May 31, 2001									
		deposited with the 37 CFR 1.10 on t Application Was Signature	nat this transmittal lette e United States Postal S he date indicated above hington, DC 2023 1 Larry Taylor at Name of Person Sign	Service "Expresse and is addresse	Mail Post Office	to Addresioner for	essee" service under Patents, Box Patent			
Sir:										
Transmi	tted herewith	h for filing is the	patent application of	f						
Inventor	(s):	Kenneth Lerman								
For:	A System	And Method For	The Use Of Reset L	ogic In High A	vailability Syst	ems				
Enclosed	l are:									
		This is a request for filing a \square continuation \square divisional application under 37 CFR 1.53(b), of pending prior application serial no filed on								
X	8	pages of specific	ation, 7 page	s of claims, 1	pages of	abstract				
X	4									
X		An unexecuted Declaration, Petition and Power of Attorney.								
	An assigni	An assignment of the invention to A recordation form cover sheet (Form PTO 1595) is also enclosed.								
	Applicant	Applicant claims small entity status. See 37 CFR 1.27.								
	Other									
The filin		en calculated as s								
							OTHER THAN			
FOR		(Col. 1)	(Col. 2)	,	ENTITY	1 on	SMALL ENTITY			
FOR: BASIC I	FEE	NO. FILED	NO. EXTRA	RATE	FEE \$	OR OR	RATE FEE //////// \$ 710	, 		
	CLAIMS	23 - 20	= 3	x 9=	\frac{*}{s}	OR	x 18= \$ 54			
	CLAIMS	8 - 3	= 5	x 40	\$	OR	x 80 \$ 400			
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+135	\$	<u>OR</u>	+270 \$				
		Col. 2 is less tha	n zero,	TOTAL	0	<u>OR</u>	TOTAL \$1164.	00		
enter '	"0" in Col. 2	!			L	ļ	<u> </u>			
		Please charge my Deposit Account No. 12-0080 in the amount of \$. A duplicate copy of this sheet is enclosed.								
\boxtimes	A check ir	check in the amount of \$_\$1164.00 to cover the filing fee is enclosed.								
X	communic	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-0080. A duplicate copy of this sheet is enclosed. X Any additional filing fees required under 37 C.F.R. 1.16.								

	this appli							
		A check in the amount of \$ to cover the recording of assignment documents is also enclosed.						
X	Address all future communications (May only be completed by applicant, or attorney or agent of record) to Kevin J. Canning, Esq. at Customer Number: 000959 whose address is:							
		Lahive & Cockfield, LLP 28 State Street Boston, Massachusetts 02109						
Date:_	May 31, 20	By Kevin J. Canning, Esq. Reg. No. 35,470 28 State Street Boston, MA 02109 (617) 227-7400 Telecopier (617) 742-4214						